

Obesity Prevention

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The growing obesity pandemic constitutes one of the most important and challenging priorities for public health practice today. Obesity and overweight and their primary causes, unhealthy eating and physical inactivity, contribute to a constellation of diseases and conditions, including diabetes, heart disease, metabolic syndrome, asthma, arthritis, depression and some injuries and cancers, that together account for the greatest burden of disease and treatment costs for society. Changes in public health practice and a comprehensive multi-sector response are necessary to improve environments and behaviors leading to healthier eating and physical activity and less overweight/obesity.

Similar to tobacco use prevention, obesity prevention calls for leadership and informing and mobilizing widespread advocacy for changes in policies and business and other institutions’ practices to improve environments that shape behavior and choices. In places where socio-economic disadvantage is prevalent and health disparities and inequities are great, solutions require partners in many sectors: access to fresh produce (farmers’ markets, food retailers); safe places to play and exercise (park and recreation departments, community planning, public safety); and decreased exposure to unhealthy food and its promotion (media, business), to name a few.

Local Public Health Departments (LPHDs) and their partners including the State Department of Public Health need to work to ensure the following occur.

- Community-based groups representing many diverse populations, especially those with increased disparities for chronic diseases and experiencing health inequities, help lead problem identification and solution implementation.
- Public health experts assess health impact in planning and redeveloping our “built” environment, namely, housing, architecture, land-use, transportation, schools and parks. Specifically, how these effect opportunities for physical activity, such as walking and biking, and also air quality, water quality (because of water run-off), pedestrian and biking injuries, mobility for the elderly and disabled residents, mental health, “social capital” and violence.
- Leaders at schools, worksites and other settings make healthy choices easily available and affordable when food or beverages are served. Also, they provide physical activity opportunities and school leaders provide quality physical education.
- Full-service food retailers establish stores in low income neighborhoods and food producers and the community establish farmers markets and gardens as well.
- Food service establishments label menu items for calorie and fat content, increase availability of healthy options and reasonable portion sizes and eliminate use of transfat.

- Food assistance programs (food banks, WIC, Food Stamps, reduced price school breakfast and lunch, etc.), with partners, do outreach to ensure they are fully utilized and they also promote healthy food. (Food insecurity is linked to obesity).
- Health care providers and systems, partnering with funders and advocates, increase the availability of clinic-based obesity prevention services and work to ensure these are appropriately compensated. Also, they work with community partners to obtain information for patients about local opportunities for healthy eating and physical activity and advocate for these opportunities as well.
- Maternal and child health providers, advocates and other partners work to increase healthy weights for babies and pregnant women, and the promotion of breastfeeding. (All are linked to obesity).
- Media outlets, including alternative and ethnic media outlets, are active partners to help spread consistent messages about obesity prevention.
- Public health practitioners, health care providers, schools and others increase the data available about the childhood obesity pandemic and their capacities to use the data.
- Public health practitioners and their partners evaluate the effectiveness of all obesity prevention efforts, as there is no “blueprint” for this work.
- LPHDs, local health care facilities and others are role models and have healthy choices in vending machines, cafeterias and meetings, promote physical activity such as at breaks and use of the stairs, and have dedicated spaces for breast-feeding.
- Legislators, local elected officials and foundation directors develop significant funding for a comprehensive public health approach (that specifies accountability) to make the necessary societal and environmental changes to counter the obesity pandemic.